U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 3

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECT	ION A - PROPERTY	INFOR	MATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name				Policy Num			
Pablo Corona 2018-167							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Route and	Company N	NAIC Number:	
221 Waveland Ave	- vacant land						
City				State		ZIP Code	
Waveland				Mississippi		39576	
A3. Property Desc 1, 2, & 3 Allen Pkw		d Block Numbers, Ta	x Parcel	Number, Legal De	escription, etc.)		***************************************
A4. Building Use (e.g., Resident	ial, Non-Residential, /	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. <u>30</u>	-16-35	Long. <u>8</u> 9	9-23-04	Horizontal Datu	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	ım Number	5					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foo	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of	permanent flo	od openings in the cra	awlspac	e or enclosure(s) w	rithin 1.0 foot above	e adjacent gr	ade 0
c) Total net ar	ea of flood op	enings in A8.b) s	q in			·
d) Engineered	flood opening	gs? ☐ Yes ☒ N	0				
A9. For a building v							
-				4			
·	-	ed garage 0		sq ft			
b) Number of	permanent flo	od openings in the at	lached g	garage within 1.0 fo	ot above adjacent	grade	0
c) Total net an	c) Total net area of flood openings in A9.b sq in						
d) Engineered flood openings? ☐ Yes ☒ No							
	SE	CTION B - FLOOD I	NSURA	NCE RATE MAP	(FIRM) INFORM	ATION	
B1. NFIP Commun	ity Name & C	ommunity Number		B2. County Name	>		B3. State
City of Waveland 2	85262			Hancock			Mississippi
B4. Map/Panel	B5. Suffix	B6. FIRM Index		IRM Panel	B8. Flood Zone(s	s) B9. Ba	se Flood Elevation(s)
Number	_	Date	R	ffective/ evised Date		Flo	one AO, use Base od Depth)
28045C0344	D	10/16/2009	10/16	6/2009	AE	20	
P10 Indicate the s	ource of the l	Race Flood Floyation	(REE) d	ata or base flood d	enth entered in Ite	n 80·	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile X FIRM Community Determined Other/Source:							
	_			•			
B11. Indicate eleva	ation datum u	sed for BFE in Item B	9: 🔲 N	IGVD 1929 ⊠ N/	AVD 1988	ther/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🗵 No							
Designation I	Date:		CBRS	☐ OPA			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPO	MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
	ng Street Address (including Apt., U /aveland Ave - vacant land	nit, Suite, and/or Bldg. No.) or F	P.O. Route	and Box No.	Policy Number:	
City Wave	land	State Mississippi	ZIP C 39576	1	Company NAIC	Number
	SECTION C -	BUILDING ELEVATION INF	ORMATI	ON (SURVEY R	EQUIRED)	
C1.	Building elevations are based on: *A new Elevation Certificate will be	□ Construction Drawings* required when construction of t	·	ng Under Constru	uction*	hed Construction
C2.	Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acco	H, A (with BFE), VE, V1–V30, \ ording to the building diagram s	/ (with BFI pecified in	E), AR, AR/A, AR/ Item A7. In Puert	/AE, AR/A1–A30, to Rico only, enter	AR/AH, AR/AO. meters.
	Benchmark Utilized: GPS Derived		ıl Datum: <u>N</u>			
	Indicate elevation datum used for th		h h) below	•		
	☐ NGVD 1929 ⊠ NAVD 1		·			
	Datum used for building elevations	must be the same as that used	for the BF	E.	Check the ma	easurement used.
	a) Top of bottom floor (including ba	asement, crawlspace, or enclos	ure floor)	21,0	🔀 feet	☐ meters
	b) Top of the next higher floor	, ,	,	N/A	× feet	☐ meters
	c) Bottom of the lowest horizontal	structural member // Zones onl		N/A		
	d) Attached garage (top of slab)	structural member (v Zones one	· y)	N/A	× feet	☐ meters
	, , , , , , , , , , , , , , , , , , , ,		· ·	21 0		meters
	e) Lowest elevation of machinery of (Describe type of equipment and	d location in Comments)	ling .		X feet	meters
	f) Lowest adjacent (finished) grade	e next to building (LAG)		11. 6	X feet	meters
	g) Highest adjacent (finished) grad	e next to building (HAG)		13. 0	× feet	meters meters
	h) Lowest adjacent grade at lowes structural support	t elevation of deck or stairs, incl	luding	<u>N/A</u>	X feet	meters
	SECTION D	- SURVEYOR, ENGINEER,	OR ARCI	HITECT CERTIF	ICATION	
I cei	certification is to be signed and sea tify that the information on this Cert ement may be punishable by fine or	ficate represents my best effort	s to intero	ret the data availa	y law to certify ele able. I understand	vation information. that any false
	e latitude and longitude in Section A				Check he	re if attachments.
	ifier's Name	License Nun	nber			111111111111111111111111111111111111111
	on P Chiniche	P.E. 19732			10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	ON P
Title					HAMIN JACE	NSED PROAC
	ect Manager				N 3	ENGINEER OF THE
	npany Name es J Chiniche PA INC				3 ()	eal A
Add						
	HWY 90 Suite 2					P CANAL
City		State		ZIP Code	- E-LAND	1/88/88
	St. Louis	Mississippi		39520		
Sign	ature (Date 04/26/2018	***************************************	Telephone (228) 467-6755		
Cop	all pages of this Elevation Certificate	e and all attachments for (1) com	munity offi	cial, (2) insurance	agent/company, a	nd (3) building owner.
NOT Map resp cons	ments (including type of equipment E: The description in A3 above is for Section B4. Recommend verification onsible for coordinating this certification truction drawings were not provided eland Freeboard = 1'. VE 20 crosso	or information only & not to certion of (BFE) by local building off the with contractor and/or building the TBM is a mag nail w/thru ma	fy the build ficial. The ng official a	flood zone is dete as needed. At tim	ermined by graphic ne of this certificate	c plotting, owner is e 4/26/18

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name Policy Number:					nber:	
Pablo Corona	2019-052					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					NAIC Number:	
221 Waveland Ave						
City			State		ZIP Code	
Waveland			Mississippi		39576	
A3. Property Description (Lo 1, 2, & 3 Allen Pkwy Sub	t and Block Numbers, Ta	x Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Resid	lential, Non-Residential, /	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat	30-16-35	Long. <u>8</u>	9-23-04	Horizontal Datur	n: 🔲 NAD	1927 🗵 NAD 1983
A6. Attach at least 2 photog	aphs of the building if the	Certific	cate is being used to	o obtain flood insur	ance.	
A7. Building Diagram Numbe	er <u>6</u>					
A8. For a building with a cra	wlspace or enclosure(s):					
a) Square footage of cra	awlspace or enclosure(s)		176 sq ft			
b) Number of permanen	t flood openings in the cra	awlspac	e or enclosure(s) w	rithin 1.0 foot above	e adjacent gr	ade 2
	t openings in A8.b 19		sq in		, ,	
	nings? ☐ Yes ☒ N		•			
		O				
A9. For a building with an att	_					
a) Square footage of att	ached garage0		sq ft			
b) Number of permaner	t flood openings in the att	ached o	garage within 1.0 fo	ot above adjacent	grade	0
c) Total net area of floor	l openings in A9.b	0	sq in	·		
d) Engineered flood openings?						
	SECTION B - FLOOD II	MSHRA	NCE PATE MAP	(FIRM) INFORM	ATION .	
B1. NFIP Community Name		1001	B2. County Name		TION	B3. State
City of Waveland 285262	x Community Number		Hancock	•		Mississippi
		T		I 50 51 1.7 (. 1505	
B4. Map/Panel B5. Suff Number	ix B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	(Zc	se Flood Elevation(s) one AO, use Base
28045C0344 D	10/16/2009		evised Date 3/2009	AE	Flo 20	od Depth)
				l		
B10. Indicate the source of t	he Base Flood Elevation	(BFE) d	ata or base flood de	epth entered in Iter	n B9:	
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datu	n used for BFE in Item B!	9: 🔲 N	IGVD 1929 ⊠ NA	\VD 1988	ther/Source:	
B12. Is the building located	n a Coastal Barrier Resol	urces S	vstem (CRRS) area	or Othenwise Prot	ected Area (OPA)? [] Ves [V] No
-		-		TOT CATCHARGE T TO	colod / lica (O174: [] 100 [] NO
Designation Date:		CBRS	☐ OPA			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELLVATION GERTII TOATE			Expiration Date. November 30, 2010
IMPORTANT: In these spaces, copy the co	rresponding information from Sec	tion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 221 Waveland Ave	Suite, and/or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:
City		Code	Company NAIC Number
Waveland	Mississippi 3957	76	
SECTION C - BU	JILDING ELEVATION INFORMAT	ION (SURVEY RE	EQUIRED)
C1. Building elevations are based on: *A new Elevation Certificate will be requ		ding Under Constru ng is complete.	uction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized: GPS Derived	A (with BFE), VE, V1–V30, V (with BF ng to the building diagram specified i Vertical Datum:	n Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Indicate elevation datum used for the e	and the same of th		
□ NGVD 1929 ☒ NAVD 1988	nest i	٧.	*
Datum used for building elevations mus	_	FE.	
			Check the measurement used.
 a) Top of bottom floor (including baser 	ment, crawlspace, or enclosure floor)	<u> </u>	X feet meters
b) Top of the next higher floor		<u>25</u> . <u>6</u>	X feet meters
c) Bottom of the lowest horizontal struc	ctural member (V Zones only)	N/A	🔀 feet 🗌 meters
d) Attached garage (top of slab)		N/A	X feet meters
e) Lowest elevation of machinery or ed (Describe type of equipment and loo	quipment servicing the building cation in Comments)	24. 9	X feet meters
f) Lowest adjacent (finished) grade ne	ext to building (LAG)	<u>11</u> . <u>6</u>	X feet meters
g) Highest adjacent (finished) grade ne	ext to building (HAG)	13. 0	X feet meters
h) Lowest adjacent grade at lowest ele structural support	evation of deck or stairs, including	<u> </u>	X feet meters
SECTION D - S	SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or imp	by a land surveyor, engineer, or arch te represents my best efforts to inter prisonment under 18 U.S. Code, Sect	nitect authorized by oret the data availa ion 1001.	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A pro	ovided by a licensed land surveyor?	⊠Yes □No	
Certifier's Name	License Number		WILLIAM DON PARE
Jason P Chiniche	P.E. 19732		JASON A
Title Project Manager	9		CENSED AROUNT
Company Name James J Chiniche PA INC	3 8 - 9		Place Sona
Address 412 HWY 90 Suite 4			Charles Colones of the Colones of th
City	State	ZIP Code	- SISSIP III
Bay St. Louis	Mississippi	39520	
Signature Club	Date (2) 10/19	Telephone (228) 467-6755	
Copy all pages of this Elevation Certificate and	d all attachments for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and NOTE: The description in A3 above is for inf Map Section B4. Recommend verification or responsible for coordinating this certificate wedge of asphalt. EL: 12.8 Waveland Freebo	formation only & not to certify the bui f (BFE) by local building official. The vith contractor and/or building official	flood zone is dete as needed. TBM I	rmined by graphic plotting, owner is s a mag nail w/thru marker set in

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 221 Waveland Ave			Policy Number:
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT



Photo Two

Photo Two Caption REAR

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the o	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 221 Waveland Ave			Policy Number:
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption VENT



Photo Two

Photo Two Caption TBM EL:12.8

WAVELAND

Owner

NONCONVERSION AGREEMENT with

2019

7049

Recorded in the Above Deed Book & Page

06-10-2019 03:16:16 Timothy A Kellar Hancock County

	CITY OF WAVELAND, MISSISSIPPI Hancock County
	This DECLARATION made this 10 day of Jove, 2019, 06-10-2019 03:16:16 Phylogodal Phylogodal ("Owner") having an address and recorded in Deed Book 2019 at pages 7049 - 7049 WITNESSETH:
	WHEREAS, the Owner is the record owner of all that real property located at 22/ WAVE long A// in the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as 1627-0-10-340-000 WHEREAS, the Owner has applied for a permit to place a structure on that property that Way Additional Property and the place as the contract of the property of the place as the contract of the property of the place as the contract of the property of the place as the plac
	Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 18005146.
	WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
	UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
	1. The structure or part thereof to which these conditions apply is:
	2. At this site, the Base Flood Elevation is 35.6 feet above mean sea level, National Geodetic Vertical Datum.
E	3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or blumbing devices shall not be installed below the Base Flood Elevation.
	i. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
a	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal ction to correct any violation. Any alterations or changes from these conditions also may render the tructure uninsurable or increase the cost for flood insurance.
in S ea	A duly appointed representative of the City is authorized to enter the property for the purpose of aspecting the exterior and interior of the enclosed area to verify compliance with this Declaration, such inspections will be conducted upon due notice to the Owner and no more frequently than once ach year. More frequent inspections may be conducted if an annual inspection discovers a violation the Permit.
7.	Other conditions:
In	witness whereof the undersigned set their hands and seals this 10 4 day of 20 17
	Timothy A. Kellar
C	(Seal) Chancery Clerk